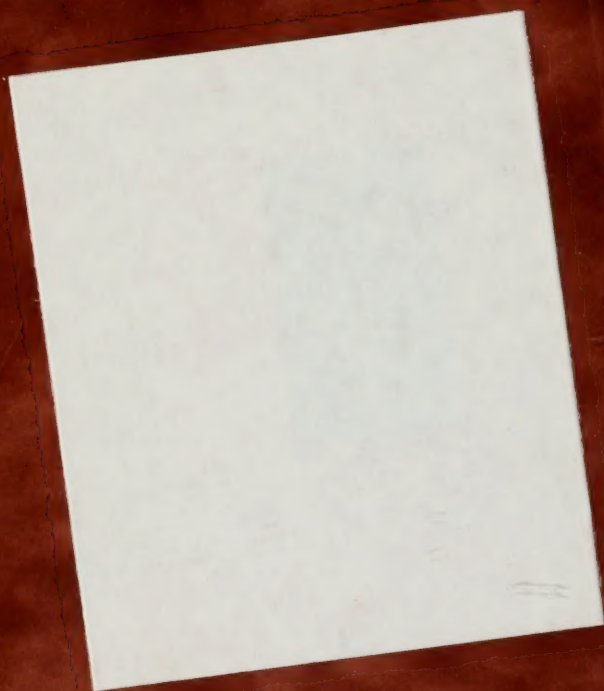


INTERIM REPORT ON VENEREAL DISEASES

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ON

VENEREAL DISEASES

AND COPY OF AN ACT FOR THE

Prevention of Venereal Disease

By the

HONOURABLE FRANK EGERTON HODGINS

Justice of Appeal, Commissioner

PRINTED BY ORDER OF
THE LEGISLATIVE ASSEMBLY OF ONTARIO



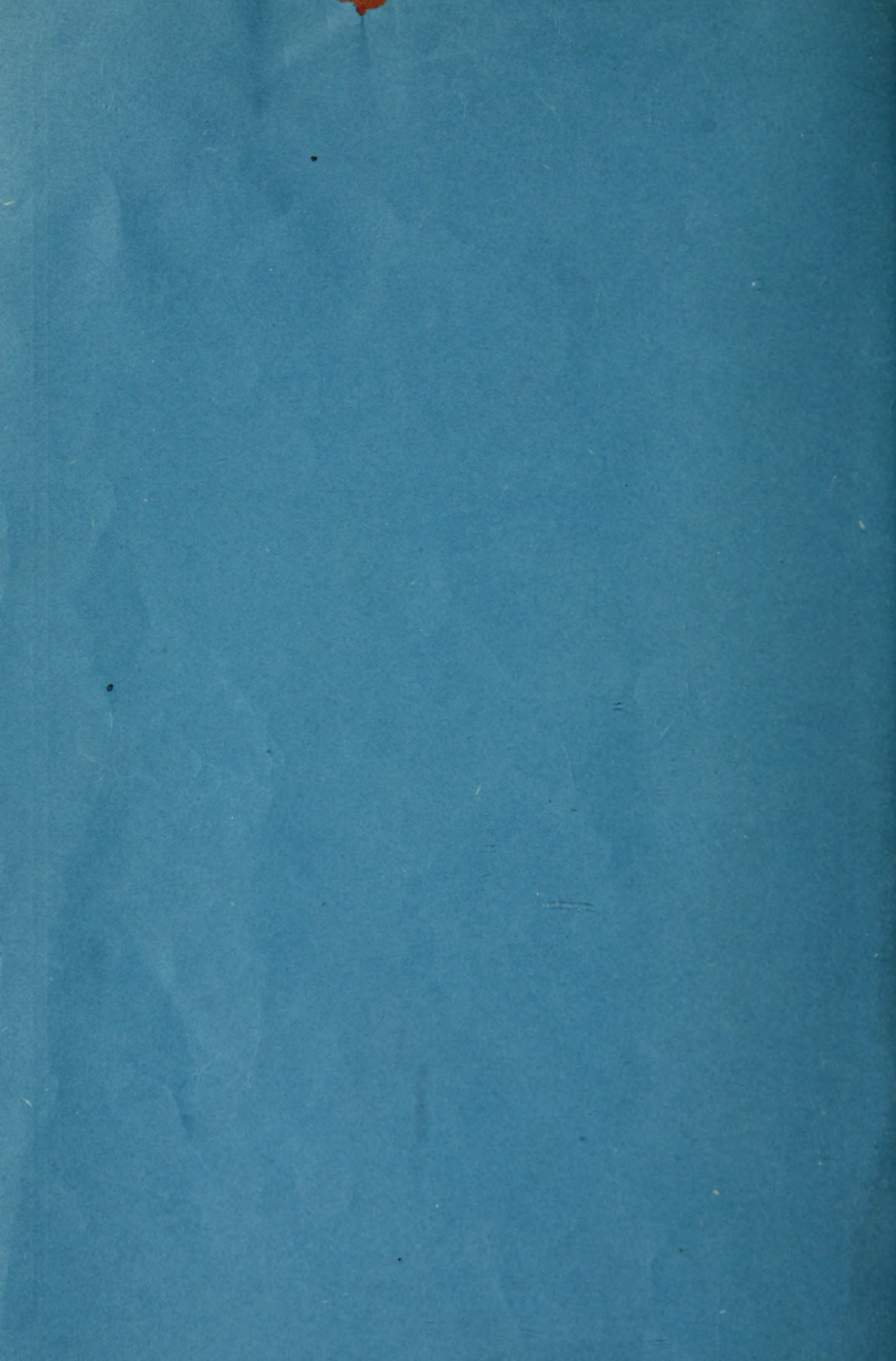
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INTERIM REPORT ON VENEREAL DISEASES AND COPY OF AN ACT FOR THE PREVENTION OF VENEREAL DISEASE.

By the Honourable FRANK EGERTON HODGINS, Justice of Appeal, Commissioner.

TO HIS HONOUR SIR JOHN STRATHEARN HENDRIE, K.C.M.G.,
Lieutenant-Governor of the Province of Ontario.

MAY IT PLEASE YOUR HONOUR:

I have the honour to report that by Your Honour's Commission bearing date the 8th day of November, 1917, I was directed to make certain enquiries relative to the care of the feeble-minded and the prevalence of venereal disease. In my commission permission was accorded to make from time to time partial reports on the subjects arising during the investigation.

I have now the honour to report that having prosecuted to a certain extent the enquiries which I was appointed to make, it has appeared to me desirable to suggest by way of an interim report that there are some aspects of the second subject matter which ought to be brought speedily to the notice of Your Honour's Government so that, if deemed desirable, action may be taken at this Session of the Legislature of this Province.

In order to understand the problem of controlling venereal disease it must be remembered that owing to its very nature it has heretofore been regarded as something to be mentioned with bated breath, disgraceful to the individual, and nauseating to the public. Hence it has been allowed to spread practically unchecked and the medical profession have been obliged to ignore rather than to study it, so that to-day it is fully understood in its entirety by comparatively few of the ordinary practitioners. Recently, however, and before the war, its baneful social effects had become so marked as to compel public attention, and efforts had been made to acquire some statistics illustrating its extent and indicating its chief sources. Since the war there have been in all the countries affected, a vast body of men under military medical control, and this has afforded a means of further systematizing the tabulation of cause and cure. But this very fact has directed attention to the undeniable conclusion that in the civilian population is to be found the real centre of contamination, and that if it is to be controlled an effort must be directed primarily to seek out, isolate, and treat those propagating the disease or suffering from its effects, not only in the larger cities and towns, but in the smaller rural communities.

The inherent conditions surrounding the spread of the diseases of syphilis and gonorrhœa to which I have alluded, render this task somewhat difficult, and indicate that while some rather drastic interference with individuals may have to be resorted to, yet, if progress is to be made, public clinics as well as sufficient private treatment must be put on a free, and, in some cases, a compulsory footing, and proper remedies generously supplied, in order to overcome the reluctance of the persons afflicted to disclose their condition and to induce them to initiate for themselves or submit to proper and systematic treatment.

Some steps in this direction may be seen in various countries, but the methods thus adopted in widely separated communities and under dissimilar conditions have been in operation for so short a period as to afford little instruction. Differences in the point of view have provoked objection and it cannot be definitely stated that at the present time an entirely satisfactory system has been anywhere discovered which accomplishes the desired result. Some advances are yet open to criticism and their ultimate adoption will depend largely upon how far their methods have given satisfactory results. But there are conclusions which have been reached that seem to point to action upon certain lines. Indeed it may be said that while all agree upon causes and treatment, the success or failure of any progressive legislation must largely depend upon the attitude and seriousness of the medical profession and the generosity of state and municipal aid. The providing of such facilities for treatment and advice as will enable those concerned to accept and use the remedies without being subjected to unnecessary publicity, or being regarded as objects of pity or scorn, is essential. The disease may be and often is acquired thoughtlessly and unknowingly, and every opportunity should be afforded to enable those infected to be cured without feeling disgraced. When from their course of life or by habitual, though clandestine, immorality, persons are found to be propagating disease, they should be dealt with in a resolute spirit and prevented from continuing to be a menace to society. But speaking generally the evil is so great and so widespread that nothing will be gained, but rather the reverse, by attempting all at once a too drastic course of action. The underlying idea, leaving out of consideration those who are definitely indifferent to the consequences to themselves or others, should be to create in the public mind as well as in that of the sufferers, the consciousness that venereal disease is so far reaching and so terribly serious, not only to the individual but in its social results, that the measures to be taken in regard to it, as with any other scourge, must be intelligent, thorough, systematic and continuous, and that all must co-operate loyally to secure its effective diminution if not its complete elimination.

In connection with the foregoing, there are matters upon which there seems to be general agreement, and they may be summarized thus: Two distinct classes are found which must be first dealt with, one the regular prostitute class, in which may well be included the male frequenters of brothels, which class is the most prolific source of the disease; the other the class of clandestine or occasional prostitutes and the men who are their companions in vice. There is a third but very different class composed of those who inherit syphilitic tendencies or who acquire the disease accidentally.

In addition there is the fact that while venereal disease is far reaching in effects which can seldom be completely eradicated, yet it can be treated and cured if attacked at an early stage, and in any event contagion can be eliminated. But it is also true that many regular professional prostitutes and those who have put off treatment too long, cannot be completely cured and their detention and isolation until non-infectious may be a more or less tedious affair. The length of time will largely depend on the exact end to be attained.

It is therefore evident that to eliminate the professional prostitutes and other chronic sufferers as a source of infection, provision will probably have to be made which will enable them to be isolated for a somewhat long period at the public expense, if thought desirable from medical or other reasons. And some attempt will naturally be made to prevent them from reverting to the underworld. With

regard to the clandestine or occasional offenders in this respect, male or female, a more difficult problem is presented. First they must be discovered and induced to seek and continue a course of cure. If recalcitrant, sterner methods may have to be resorted to if they continue to be sources of infection. Both methods may be put into operation, as, for example, by compelling those in custody either before or after trial for certain specified breaches of the law regarding public morals, to be examined and detained for treatment, and, on the other hand, by so providing such free and unobtrusive treatment as will induce those afflicted to come forward without compulsion. Most important in this regard, as well as in forwarding the cure of private patients, will be the support and co-operation of the medical profession. Their help in the effort to follow up and secure the adoption of known methods of cure will be indispensable. The building up of a strong body of public opinion will largely depend upon them. They can in private advise their patients, and they can also powerfully assist in so many ways in distributing knowledge of these baneful diseases, that the individual sufferer will become fully alive to his immediate and ultimate danger, and eager to avert it, and there will be created and fostered a more candid and sane recognition by the public that the menace of these diseases to society is not to be ignored but resolutely faced and dealt with.

The question of whether a system of compulsory notification should be tried is no doubt important. Some eminent authorities such as Sir Wm. Osler and Sir Victor Horsley are in favour of it, while others, equally experienced, doubt its wisdom. I may mention in this connection Dr. R. W. Johnstone, Medical Inspector for the Local Government Board in Great Britain, and Sir Thomas Barlow, K.C.V.O. It is argued that anonymous notification is useless except for statistical purposes and that heretofore these statistics are notoriously unreliable. It is also said that notification by name, leading to enforced treatment, will defeat its own end by frightening those afflicted with the disease, and driving them into the hands of quacks or preventing them seeking proper treatment. The alternative is reliance upon public opinion and a better understanding by individuals of the extreme seriousness of the disease. This necessitates a decision as to the extent to which the education of the public generally, as well as of young people, should proceed, and the best methods of inculcating knowledge of matters hitherto untaught and unappreciated by either class. While this side of the question is of the greatest importance it cannot be hastily determined upon. What I propose for the present is really compulsion for those in the hands of the law but persuasion for the ordinary individual, leaving the larger question of education and notification to be finally dealt with at a later stage.

Apart from England and West Australia, the dealing with this question has been along lines which, as I have indicated, may or may not be successful. Some states like Illinois and Iowa and one of the Canadian provinces, namely, Saskatchewan, have declared venereal diseases to be contagious diseases and made provision accordingly. Others, as for example New York, Vermont, Maine and California, adopt the principle of compulsory notification. But little is yet to be learned of the result of these enactments, although in some of the legislation excellent provisions are to be found.

The greatest aid to understanding both the importance of the subject and the necessity of promptly dealing with it, notwithstanding the difficulties in the way, will be found in the report of the British Royal Commission on Venereal Diseases appointed on November 1, 1913, and the evidence taken before it. The first

actual legislative attempt, however, to deal with the same subject is in West Australia, where a statute has been passed which merits attention for its thoroughness and courage.

The official journal of the American Medical Association, under date of February 3, 10 and 17, 1917, gives an interesting statement of the events which led up to the appointment of the British Royal Commission and its findings, and, also, a précis of the legislation in Western Australia. I extract from these papers a summary which accords with my reading of both documents.

In my judgment this Report and the Australian statute are the two outstanding events among many public efforts for the control of these terrible diseases.

The summary of the report follows:

"The modern English attempts to attack the problems of prostitution and venereal disease may be briefly reviewed, for particularly in their failures they offer instruction to us. These attempts may be said to go back to 1864. In that year the contagious disease Act was passed, which provided for the regulation of prostitution and medical examination of prostitutes. Amendments to this Act were passed in 1866 and 1869. The Acts never had the support of the British public. They were abhorrent to the public sense of social decency and were opposed on moral grounds by an influential part of the community. They were thus necessarily ineffective for the purposes for which they were passed. Opposition to them resulted in a Royal Commission in 1870 which recommended the abolition of the examination of prostitutes. In 1879 the House of Commons appointed a committee to consider the subject. This committee presented a divided report, a majority being against the repeal of the Acts. In 1883 the agitation resulted in the abolition of the examination of prostitutes, and in 1886 the contagious disease Acts were repealed. From 1886 to 1916 the English government has made no national effort to attack the situation.

"In Great Britain, however, as elsewhere, there has been growing up a strong feeling that society must make an organized effort against the venereal diseases. In 1898 an insistent demand was made for the appointment of a Royal Commission to inquire into the prevalence and effects of the venereal diseases. In 1899 resolutions, proposed by the British Medical Association, calling for a full inquiry into this subject were passed by the Brussels International Medical Congress. Since that time there has been considerable agitation in England, but government authorities have showed reluctance to take up the problem, apparently feeling that the object which was desired was the re-enactment of acts for the regulation and examination of prostitutes. All of these efforts were fruitless until 1913. In that year, shortly before the meeting of the international congress, public agitation on this subject was started in London by a small group of leaders, and a vigorous resolution on the subject was passed by the International Medical Congress at its meeting in London in 1913. These efforts succeeded in obtaining finally the appointment by the British Parliament, November 1, 1913, of a Royal Commission for the investigation of venereal diseases. The purpose of the Commission was said to be:

"To inquire into the prevalence of venereal diseases in the United Kingdom, their effects upon the health of the community, and the means by which those effects can be alleviated or prevented, it being understood that no return to the policy or provisions of the Contagious Diseases Act of 1864, 1866 or

1869 is to be regarded as falling within the scope of the inquiry.' The Commission was formed as follows: Lord Sydenham of Combe, F.R.S. (chairman), noted for his public service; the Right Hon. Sir David Brynmor Jones, K.C., M.P., Sir Kenelm E. Digby and Sir Almeric Fitzroy, representing the legal and official side of the commission; Sir Malcolm Morris, F.R.C.S., Edin.; Mr. James Ernest Lane, F.R.C.S., Eng.; Sir John Collie, M.D.; Dr. Arthur Newsholme; Dr. F. W. Mott, F.R.S., and Mrs. Scharlieb, M.D., noted as medical workers in this field; Canon J. W. Horsley, the Rev. J. Scott Lidgett, D.D., Mr. Philip Snowden, M.P., and Mrs. Creighton, religious and service workers, and Mrs. Burgwin, experienced in the care of the feeble-minded. The secretary of the commission was Mr. E. R. Forber, an official of the Local Government Board. The London *Lancet* notes that the only omission from the committee which calls for notice is the absence of any member able to give first hand advice on the conditions in the military and naval services.

"This commission did not publish its report until March 2, 1916. It devoted more than two years to the investigation of the subject. It examined eighty-five expert witnesses, whom it asked 22,296 questions. It had as witnesses men who could speak authoritatively on the various topics under discussion, including well-known continental authorities on venereal diseases. When it is added that the personnel of the commission represented the best British intelligence in its field, it may be seen that the findings of the committee are of great importance, and its report entitled to our most respectful consideration.

"The report of the commission is restrained and temperate, and marked by sound appreciation of the practical difficulties of the problem. It shows not a suspicion of hysteria, but, on the contrary, is distinguished by the practical common sense which it has brought to bear on all aspects of the subject. The commission made no effort to consider prostitution alone, and it makes no suggestions as to the remedying of that social defect. It did, however, consider the question of registration and examination of prostitutes, and it sought the advice of continental medical authorities among others on this point.

"The report can be briefly summarized. It holds that registration and medical examination of prostitutes are ineffective as a sanitary measure. It recommends against compulsory notification of venereal diseases at present. It urges the importance of education as to the seriousness of venereal diseases and the dangers of their transmission. It recommends the encouragement of well considered efforts for inculcating sexual restraint. It puts its great emphasis, however, on the therapeutic attack on syphilis, and by its recommendations indicates its opinion that in this lies the hope of the sanitary control of the plague. It is here that the report is definite and positive in its recommendations. In early and continuous treatment it finds the effective weapon against the venereal diseases, and in widespread state provisions for the diagnosis and treatment of the venereal diseases a practical way leading to a solution of the difficult problem which these diseases present.

"The report thus offers no startling findings. It presents no new remedy. It has, however, considered with great thoroughness all of the practical aspects of the problem, weighed them with unprejudiced judgment, and with quiet courage made the radical recommendation that the English Government shall provide universal opportunities for the diagnosis and treatment of venereal diseases.

"The main emphasis of the report is placed on the necessity for early and accurate diagnosis and for early and continuous treatment. The commission finds that present opportunities for diagnosis and treatment are entirely unequal to the needs of the situation. In recommending improvement in the facilities for treatment it considers that existing institutions should be utilized as far as possible, that new institutions should be founded only when it is unavoidable, and that the new clinics should be part of general hospitals, and not stigmatized by being devoted to venereal diseases alone. It is convinced that existing hospital facilities, with necessary extensions in certain localities, would furnish all of the institutional needs of the situation, but it believes that no adequate system of treatment is possible unless responsibility for it is assumed by the state. The institutions provided must be available for the whole community. To that end they should be made accessible, and evening clinics should be provided. They should be free from embarrassing restrictions. Patients should be given treatment regardless of their residence, and should be free to go to clinics outside of their own district. Persons able to pay should, if possible, be sent to their physicians, but even they should not be refused treatment in the public institutions if they are unwilling to go to a private physician. It is pointed out that treatment to be effective in controlling the public dangers of the venereal diseases must be continued until a cure, or freedom from infectiousness is attained, and that effective provisions must be made for seeing that treatment is continued through the infectious period. Compulsory treatment is suggested for the delinquent.

"The commission believes that any government scheme which is carried into effect must rely largely on the education and the co-operation of the medical profession and must depend in the end for its success on the general practitioner, who constitutes 'the first line of defense in the community.' The report emphasizes strongly the great damage which is done in the treatment of venereal diseases by unqualified practitioners; by drug store prescribing, by quacks and—as well, by less vicious but ignorant practitioners of special sects, and strict measures to prevent such treatment are commended. The commission believes that all advertising of remedies for venereal diseases should be prohibited by law."

With regard to the West Australian legislation the *Journal* thus describes it:

"The Government of Western Australia by an amendment to its health act which went into effect December 8, 1915, established a public system for the diagnosis and treatment of the venereal diseases which is similar in outline to that established in England. It is a measure based on the principle of controlling the venereal diseases by attending to their treatment until after they have passed the contagious stage. But it goes much farther in this direction than any other act thus far put into force. It does not simply offer facilities for treatment. It operates on the assumption that, for the good of the community, the person with venereal disease must submit to treatment until he is free from contagion, and it proposes to see to it that he does this.

"On developing a venereal disease, a person, within three days, must go to a qualified practitioner for treatment. If he fails to seek treatment immediately he will be fined £20 or imprisoned. The physician must report to the health officials the age and the sex of the patient and a diagnosis of his condition, but not the name or address. The patient is to return for treatment at least once a month; penalty for failure, £20 or imprisonment. If he remains away from treatment for six weeks the physician, under heavy penalty, must notify the health authorities, giving this

time the patient's name and address, and the health authorities must bring the patient into court and compel him to have treatment. The patient may change his physician, but on doing this he must disclose the name of his previous physician, who must be notified by the second physician that the patient is now under treatment by the latter. Treatment must be continued until the patient can obtain a satisfactory certificate of cure; penalty for failure, £50 or imprisonment. The health boards have authority to apprehend any person suspected of having a venereal disease which is not being treated, and to compel him to submit to examination by qualified physicians and to obtain a certificate of health or to submit to treatment until such certificate can be obtained.

"The measure takes ample precaution to prevent the treatment of venereal diseases by any person other than a qualified physician. It stops absolutely the advertising, the circulation or the sale of medicines intended for venereal diseases, or of literature bearing in any way on their treatment. An important provision of the act looks to the protection of the secret of the patients by making private all legal procedures which have to do with the enforcement of the provisions of the act. Newspapers are prohibited under heavy penalties from publishing any reference to such legal proceedings. Every provision of the act is guarded by heavy penalties. It is evidently intended that it shall be enforced, and that infringement of it in any particular shall be an offence which nobody will commit lightly.

"So far as we know, this Australian act is the most drastic which has been put into force against the venereal diseases. While drastic, it is as logical, as practical and as just an enactment as can be established against the venereal diseases, under the present state of public opinion. It makes every provision possible to protect the patient's secret. It does not take the step, urged in much less radical programmes, of giving even anonymous notification in the case of venereal diseases. It requires the return of neither the patient's name nor his address. The whole proposition is that for the good of the community the venereal patient shall be treated by a person qualified to treat him until he is free from danger to others. He can choose his own physician, but the physician must see to it that treatment is kept up, and the physician will be held responsible for attending to this. As long as the patient continues treatment he will keep out of the hands of the board of health and the legal authorities. If he does not do this, he falls afoul of the law: he is reported to the health authorities, and they are empowered to see to it that he lives up to his public responsibility of not remaining a danger to the community.

"Western Australia, before anybody else, has taken the two essential steps toward the solution of the venereal problem. First, it has recognized the importance of universal, prompt treatment of venereal diseases as the most efficient measure toward their control. Secondly, it has had the wisdom and—what is unique—the courage to make laws compelling venereal patients to have treatment. If as much intelligence and courage are used in enforcing the act as were used in its enactment, there can be no doubt that an attack in large part successful will be made on the venereal diseases in that province."

These very interesting summaries show that both the British report and the West Australian statute, while differing radically upon the question of compulsion, deal with conditions existing in those countries and with a public and professional sentiment which will apparently warrant what has been recommended or done. In the case of England the report has not yet been acted upon to any great extent, and only where local and approved facilities exist for gratuitous treatment and cure.

Treatment by quacks and quack remedies have been prohibited by a statute passed on the 24th May, 1917. Prostitutes and others of that class who have been convicted may however be prohibited against residing near the military camps, and the advertising of quack remedies is entirely banned. In West Australia, and now in New South Wales, the provisions of the statute are yet on trial, and it is said that the medical practitioners have not reported anything approaching the number of those suffering from venereal diseases. A provision, however, of much value has been there put into practice, i.e., facilities are given for civil practitioners to obtain experience by attending at military camps and hospitals for venereal diseases. This might well be adopted here.

In considering to what extent legislation might properly go in this Province it may be well to consider also some aspects of the subject presented by those competent to judge of conditions in large centres of population.

In an address by Dr. George H. Kirby, Director of Chemical Psychiatry, Manhattan State Hospital, New York City, he says:

"In order to approach this whole subject of the syphilitic caused diseases fairly one must guard against a certain attitude, founded on error, yet all too prevalent in the popular mind: many intelligent persons not only have no interest in the social problem of syphilis, but they feel little or no sympathy for individuals who suffer as a result of syphilis. There is often something of the feeling that these people are afflicted because of wilful transgression of religious and moral laws. Many think only of the disease as something utterly loathsome associated always with vice, crime, and the lowest sort of moral depravity. This, as every physician knows, is untrue. While prostitution is the chief means by which syphilis is disseminated, its victims are claimed in every stratum of society from the highest to the lowest. Among the men admitted to the hospitals whose insanity is due to a syphilitic infection, 75 per cent. of them are married men, most of whom, if guilty of transgression in earlier years, have long since mended their ways and settled down to a moral family life.

"Although this disease has been described and studied by physicians for centuries, its true cause has only recently been definitely established. Syphilis is now known to be an infectious disease caused by a germ, a micro-organism, which has been identified and its characteristics well studied. Syphilis spreads in two ways: it is transmitted from parent to child or it is communicated directly from one person to another during the sexual act. Occasionally, one might say rarely, it is communicated by accidental contact in other ways. On the parts of the body exposed to the infection the signs that the poison has entered the system may be so slight as to pass almost unnoticed: if, as is usual, a small sore occurs, it tends to heal up rapidly with little indication of the direful results which may follow. The germs having once gained entrance into the system, any part of the body or any organ may later be attacked and partially or completely destroyed. By appropriate treatment we may, however, as a rule, control the symptoms that arise within the first few years after the infection takes place, and it may appear that the disease has been eradicated from the body. It is, however, well nigh impossible to say that this has been actually accomplished, for the syphilitic germs possess the remarkable property of lying dormant for a long space of time, often many years, and then beginning to cause trouble again. Fortunately for our better understanding of these diseases, which develop years after the initial infection, the missing link in the chain of evidence against syphilis has recently been supplied and we can now

present conclusive evidence, whereas we formerly spoke merely of probabilities and could not prove what we suspected.

"The proof was furnished by the discovery of a very delicate blood test now known the world over under the name of the physician who devised it as the Wassermann test for syphilis. By this test one can, through examination of a few drops of blood, determine whether or not any trace of syphilitic poison exists in the body of the person tested, and this in spite of the fact that the syphilis may have been acquired many years previously and the individual, at the time of the test, may present no visible symptoms of syphilis itself.

"Physicians are almost unanimous in their belief that the first great step will be taken toward the prevention of insanity from syphilis and the control of the disease itself, when we begin to treat syphilis as we do other infectious or contagious diseases. We protect the community against smallpox, diphtheria, scarlet fever, tuberculosis, and other communicable diseases by reporting them to the board of health and fighting them by quarantine, isolation, disinfection, and all other means within our power. Why should syphilis, a dangerous, contagious and infectious disease, be excepted? For the protection of the community every person infected with syphilis should be registered with the health authorities and proper means taken to limit the communication of the disease to others. For the protection of families and for the ultimate improvement of the race, no person who has had syphilis should receive a marriage certificate unless the blood test proves that the poison is no longer in the system."

A valuable report by the Commission for the Investigation of the White Slave Traffic, appointed by the Legislature of the State of Massachusetts, has been issued, dated 7th February, 1914. In it it is stated that:

"There are no diseases affecting the human race so widespread and so disastrous and terrible in their immediate and remote consequences as the so-called venereal diseases, syphilis and gonorrhœa.

"The highest medical authorities are unanimous in agreeing that prostitution is the source and the most common means of spreading these diseases.

"A careful examination of 466 young prostitutes, inmates of the Bedford Women's Reformatory in New York, showed that only 50, or 10 per cent., were free from infection at the time of the examination. In other words, 90 per cent. were infected with either syphilis or gonorrhœa.

"Of the 100 prostitutes examined for the commission at the Suffolk County House of Correction, the Charles Street Jail and the Women's Reformatory, 11 had syphilis, 32 had gonorrhœa, and 27 had both syphilis and gonorrhœa. In 20 of these women the presence or absence of these diseases was not ascertained. Of 80 women, therefore, 70, or 87½ per cent., had one or both of these diseases.

"Of the 100 young girls just entering prostitution examined at the industrial schools, 21 had syphilis, 31 had gonorrhœa, and 4 had both syphilis and gonorrhœa. In 10 of these girls the presence or absence of these diseases was not ascertained. Of 90 girls, therefore, 56, or 62 per cent., had one or both of these diseases.

"In a recent inquiry concerning 8,000 male patients over eighteen years of age, admitted to a Boston hospital for all sorts of other medical and surgical diseases, the following result was obtained after careful questioning of all the patients: 35 per cent. admitted a history of gonorrhœa and 11 per cent. of syphilis at some period of their lives.

"The acute stages of syphilis and gonorrhœa involve great suffering and danger, and the remote consequences often result in permanent disability and invalidism, if not progressive fatal disease.

"Syphilis and gonorrhœa should be regarded as contagious diseases dangerous to the community rather than as evidences of evil-doing on the part of those who are suffering from them. Although prostitution plays a leading part in the spread of these diseases, they have leaped its barriers, and become a widespread source of danger to the innocent. The public should be taught that the protection of the innocent demands that steps be taken to check the scourge of these diseases. At present large classes of people who are afflicted with them, and who are unwilling to accept almshouse care, must continue at their work in order to support themselves, no matter how intimate their association with other people. Bakers, cooks, barbers, waiters, children's nurses, barkeepers and prostitutes are all alike thus forced to remain at their work, even when afflicted with these diseases. A very large proportion of these persons would accept hospital care during the dangerous period if it were available. Those who do not voluntarily seek such treatment when provided should be placed and forcibly detained under treatment during the period of danger to others. To one class of hospitals the unfortunate should be invited, in a second class the depraved should be confined. These two diseases should be included in the list of contagious diseases of which boards of health take cognizance. Hospital provision for their treatment is an imperative necessity."

In Ontario from a test applied in the Toronto General Hospital during the first three months of 1911 the following results were obtained: Twelve per cent. of all public ward patients gave positive Wassermann reactions, i.e., found to be definitely syphilitic. That is, 238 cases were detected in three months, or equivalent to 952 per annum. It must be remembered that gonorrhœa is six times as prevalent as syphilis. It is further established that 25 per cent. of the male admissions to the Toronto Hospital for the Insane were found to be suffering from general paresis and the other final results of gonorrhœa and syphilis, which go so largely towards keeping up the population of our hospitals and asylums.

In submitting with this report a draft Act I am conscious that any legislation now enacted is bound to be to a large extent tentative and must of necessity be subject to revision later on.

Very much depends upon the eagerness of the medical profession to take hold of this question even if it involves many new departures, and on their willingness to spend time and thought upon the acquisition of technical knowledge in what will be to many a comparatively new field. And this turns largely upon the supply both of opportunities for acquiring this knowledge and facilities for free treatment for patients, both the willing and those who are at first unwilling. This again is contingent upon the realization by municipalities or the Provincial authorities of their respective duties to provide the financial aid for the establishment of free clinics and reasonably inexpensive remedies, and upon the co-operation of the hospital staffs in carrying on and using these effectively.

None of these things can be created or provided suddenly. Time must be given to work out a reasonable system which can only be evolved by the experience gained under any method adopted in the direction indicated.

It does not seem to me that classing venereal diseases as infectious or contagious and putting into force the public health regulations for notification, placarding and isolation, will prove a solution of the problem. The gradual appre-

ciation by the public and by those afflicted with these diseases of the importance of proper safeguards must be brought about, not by advertising the presence of the disease, but by education, and by the provision of those methods which lend themselves, through persuasion rather than compulsion, at least in the initial steps, to a comprehension of the danger to be apprehended and guarded against. The situation differs from that of well known infectious diseases in this, that public advertising of the presence of venereal disease will tend to intimidate those most chiefly concerned and by driving them to concealment, defeat the end to be aimed at. The creating of a desire to submit to a cure, provided their distressing condition is not made the subject of public comment and condemnation, is a very much more desirable result.

What is submitted herewith must be taken with the limitations already adverted to, and it may perhaps be well to relate the following incident as an example of one difficulty to be met with.

Shortly after the outbreak of the war the Synthetic Drug Company of Toronto, and a party in Montreal, secured a license from the Commissioner of Patents to prepare substitutes for salvarsan. The former company has quite an extensive business; the latter has not placed much of its product on the market. Last winter the Ontario Provincial Board of Health announced its intention to apply for a license to prepare a salvarsan substitute, as its chief chemist was prepared to manufacture a similar preparation, his own discovery. The Synthetic Drug Company shortly after this lowered the retail price from about \$4.00 to \$2.50.

The application of the Board came before the Commissioner in due course. It was supported vigorously by the Board, Dr. Hastings, M. O. H. of Toronto, Dr. Fitzgerald, Professor of Hygiene, University of Toronto, Dr. Page, Chief Medical Officer for Immigration, Quebec, the Academy of Medicine, the Ontario Medical Association and others. The contention of the present licensees was that the Board having already a plant or laboratory would thus be relieved of overhead cost and in a position to undersell them. This was of course a fact as the Board believed. In the face of this, the Commissioner refused the application.

As matters stand this decision seriously interferes with the question of free treatment unless the necessary remedy can be purchased or produced at reasonable cost.

It is well worth while to conclude this report with a quotation from a physician with the rank of Captain in the C. A. M. S., Dr. Gordon Bates, who was, previously to his doing duty among Canadian soldiers, very much interested and experienced in the detection and cure of venereal disease.

A few weeks ago, in a paper entitled "The Military Aspect," he said:

"Of the men who actually were found to have venereal disease a large percentage were found to have developed their infection previous to entering the army. How large this is I am at present unable to say. We are developing a special system of reports to cover the question, and I am sure that when we have complete figures it will be found that the percentage of men who develop venereal disease after entering the army is exceedingly small.

"The amount of venereal disease among draftees, who are practically members of the civilian population, is just ten times what it would be in a body of troops of equal number."

"Another figure of interest is the amount of syphilis among men returned from the front. I cannot give you the figure to-night but I am able to state

definitely that the percentage of syphilis is less than the 12 per cent. figure given by Dr. Detweiler as existing in the wards of Toronto General Hospital in the first three months of 1917, and again the vast majority of infected men coming from overseas are discovered by means of a routine Wassermann test and would not have been discovered otherwise. In other words they were infected before they entered the army at all."

"I believe that of all classes in the community the one that is most protected against venereal disease is the soldier. Public health methods, education, inspection, quarantine, compulsory treatment are the four factors we rely on to do away with venereal disease in the army. The statistics we have gathered so far prove conclusively that there is less venereal disease among returned soldiers than there is among a similar class of men in the civilian population, and that the average soldier is less likely to have venereal disease than the average civilian walking the streets of Toronto."

I transmit with this interim Report the draft of an Act which embodies those features which I think might be enacted at present and which will, while avoiding some of the more drastic provisions to be found in other legislation, afford a means of checking the spread of venereal disease and enabling the Health authorities to make a commencement in bringing its ravages under some control. It will at the same time make provision for free treatment and will begin to lay a foundation for the building up of public and professional sentiment sufficient to justify other and more comprehensive measures.

I should like to lay emphasis on the fact that there are much larger considerations in connection with this subject than could be possibly dealt with by me in the time at my disposal since the issue of my commission. There is the question of the education of the young, the students and the public, its desirability and its extent. There is also the advisability or otherwise of prohibiting the marriage of those afflicted with any form of venereal disease, into which enter the element of heredity and the whole system of eugenics. The feeble-minded, their care and treatment and the economic and municipal problems which they give rise to, are all intimately related to the matters treated in this report and those yet left over. In the measure now submitted no attempt is made to solve these important questions. They will be dealt with at a later stage and after I have had the opportunity of hearing the views of those who have so willingly offered to give me the benefit of their accumulated knowledge.

In broad outline the measure now submitted provides for the examination, treatment and detention of convicted persons, including in that class habitual prostitutes. It also enables the Health authorities to examine, treat and detain those who, though not convicted, have come into the hands of the police charged with offences against what may be called public morals and decency. The only element of compulsion against the individual arises when after private notice from the health authorities that medical treatment must be taken, he disregards this necessary requirement and ignores their directions. It then is in the power of the District Health Officer to compel the individual to subordinate his convenience and opinions to the safety and welfare of the public. Power is given to the Government to designate as hospitals for venereal disease such institutions or parts thereof as may be deemed suitable for that purpose. It also provides for the supplying of free treatment and free remedies, for both in and out-patients, by hospitals receiving public aid.

Provision is made that all treatment shall be in the hands of legally qualified medical practitioners and the advertisement of quack medicines and cures is strictly

prohibited. It is made an offence for any person to knowingly do an act likely to infect another individual. Secrecy in respect to all proceedings under the Act is enjoined on all concerned and physicians are protected from actions on account of their complying with its provisions.

There are also vested in the Provincial Board of Health extensive powers to make appropriate regulations regarding matters arising from time to time. The rights of the individual are safeguarded by providing for an appeal where he disputes the fact that he is suffering from venereal disease.

Penalties of sufficient severity to ensure compliance with the Act are imposed.

I beg to send herewith the evidence which has been taken before me, which will well repay study.

All of which is respectfully submitted for Your Honour's consideration.

Dated this 20th day of February, 1918.

FRANK E. HODGINS.

Commissioner.

[*Note: The Act printed below is the Act as finally passed by the Legislature of Ontario. As it does not differ materially from that recommended by the Commissioner, it has been thought advisable to print it instead of the proposed Act.*]

AN ACT FOR THE PREVENTION OF VENEREAL DISEASE.

HIS MAJESTY by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

1. This Act may be cited as *The Venereal Diseases Prevention Act*.
2. In this Act:—
 - (a) "Board" shall mean Provincial Board of Health.
 - (b) "Local Board" shall mean Local Board of Health.
 - (c) "Prescribed" shall mean prescribed by this Act or by the Regulations.
 - (d) "Regulations" shall mean regulations made under the authority of this Act or *The Public Health Act*.
 - (e) "Venereal disease" shall mean and include syphilis, gonorrhœa and chancreoid.

3.—(1) Whenever any person is under arrest or in custody charged with an offence against The Criminal Code of Canada or against any Statute of Ontario or any by-law, regulation or order made under the authority thereof, or has been committed to a gaol, reformatory or other place of detention upon conviction of such offence, and the medical officer of health for the municipality or district believes that such person is, or may be, infected with, or has been exposed to infection from venereal disease, the medical officer of health may cause such person to undergo such physical examination as may be necessary, or as may be prescribed by the regulations, in order to ascertain whether or not such person is infected with venereal disease.

(2) If upon such examination it is found that the person examined is so infected the medical officer of health shall give such directions for the treatment of the patient, and, if necessary, for his detention and isolation and the prevention of infection from him as may be deemed proper and as may be authorized by the regulations, and he is hereby empowered to do and authorize any act necessary to effect the carrying out of such treatment, detention, isolation and prevention, and it shall be the duty of every such patient to carry out such directions as to treatment and of every constable, gaoler, warden, superintendent and officer having the care and custody of any infected person in any place of detention or in any hospital to see that the directions of the medical officer of health are duly carried out.

(3) It shall be the duty of every physician in medical charge of any gaol or place of detention or of the inmates thereof to report to the medical officer of health the name and place of detention whether before or after conviction of any person whether included in the class mentioned in the preceding subsections or not whom he suspects or believes to be suffering from venereal disease, such report to be made within 24 hours after the time of arrival of such person in the gaol or place of detention.

4.—(1) Subject to the regulations where the medical officer of health is credibly informed that a person resident in the municipality or district for which the medical officer of health is appointed is infected with venereal disease and has infected or is liable to infect other persons, the medical officer of health may give notice in writing to such person requiring him to consult a legally qualified medical practitioner and to procure and produce to the medical officer of health within a time to be specified in the notice a report or certificate of such medical practitioner that the person so notified is or is not suffering from venereal disease.

(2) If such certificate is not produced within the time stated in the notice, the medical officer of health may by writing signed by him authorize any legally qualified medical practitioner to examine such person and report or certify as to whether he is or is not suffering from venereal disease.

(3) If by the report or certificate mentioned in either of the two preceding subsections it appears that the person so notified is suffering from venereal disease the medical officer of health may exercise the powers and duties as vested in him by subsection 2 of section 3 to such extent as he may deem necessary in the public interest or to the full extent therein provided.

(4) If the person so notified produces a report or certificate from a legally qualified medical practitioner in the prescribed form stating that such person is suffering from venereal disease or if the report or certificate under subsection 2 of this section is to the same effect the medical officer of health may in place of proceedings under the preceding subsection deliver to such person and to the legally qualified medical practitioner signing the said report or certificate directions in the prescribed form as to the course of conduct to be pursued by such person and may require him to produce from time to time such evidence as may be deemed advisable that such person is undergoing proper medical treatment and is in other respects carrying out such directions. In case such person fails to comply with the course of conduct prescribed for him and to produce the evidence hereinbefore referred to the medical officer of health may as to such person exercise any or all of the powers vested in him by subsection 2 of section 3.

(5) No action or other proceeding shall be brought against any legally qualified medical practitioner in respect of any examination, report or certificate made or given by him under the provisions of this Act, unless and until the consent, in writing, of the board to such action or other proceeding has been given, signed by the chairman and secretary of the board.

(6) The medical officer of health, or a legally qualified medical practitioner appointed by him in writing for that purpose, may enter in and upon any house, out-house or premises, in the day time, for the purpose of making enquiry and examination with respect to the state of health of any person therein, and may cause any person found therein who is infected with any venereal disease to be removed to a hospital or some other proper place, or may give such directions as may prevent others being infected in the said house, out-house or premises.

(7) The powers and duties by this section conferred or imposed upon the medical officer of health, may be exercised and performed by the Board in any case in which the Board deems such action expedient.

5.—(1) Every hospital receiving aid from Ontario under *The Hospitals and Charitable Institutions Act* shall make effective provision for the examination and treatment upon such terms as may be prescribed of such persons or classes of persons suffering from venereal disease as may by the regulations be declared fit to be treated at such hospital and in case of default the Treasurer of Ontario may withhold from any hospital the whole or any part of such grant which would otherwise be payable.

(2) The Lieutenant-Governor in Council shall have power to designate any hospital or other public institution or portion of any such hospital or institution under its jurisdiction or any house or building as a hospital or place of detention or isolation for the reception and treatment of any person suffering from venereal disease.

6.—(1) No person other than a legally qualified medical practitioner shall attend upon or prescribe for or supply or offer to supply any drug, medicine, appliance or treatment to or for a person suffering from venereal disease for the purpose of the alleviation or cure of such disease.

(2) Every person guilty of a contravention of subsection 1 shall incur a penalty of not less than \$100 and not more than \$500.

(3) Subsection 1 of this section shall not apply to a registered pharmaceutical chemist who dispenses to a patient of a legally qualified medical practitioner the prescription of such practitioner or who sells to any person any patent or proprietary or other medicine, drug or appliance approved of by the regulations for the cure or alleviation of venereal disease.

7.—(1) Every person who

(a) Publishes or causes or allows to be published in a newspaper or magazine or other periodical publication any notice, advertisement, statement, testimonial, letter or other matter,

(b) Issues or publishes or causes to be issued or published any book, almanac, pamphlet, fly-sheet, document or other matter,

- (c) Posts up or exhibits in any place so as to be visible to persons being in or passing along any street, highway, railway or public place, any notice, statement, advertisement, testimonial, letter or other matter,
- (d) Distributes, circulates or delivers or sends by post to any person any pamphlet, circular, notice, statement, advertisement, testimonial, letter or other matter, intended to recommend or suggest the purchase of or to promote the sale of any article as a drug, medicine, appliance or instrument or as part of any treatment for the alleviation or cure of any venereal disease or of any disease or affection of the genito-urinary organs or intended to convey an offer to give or prescribe any form of treatment for any of the aforesaid diseases, shall incur a penalty of not less than \$100 nor more than \$500, and in default of immediate payment thereof shall be imprisoned for a period not exceeding twelve months.

(2) Subsection 1 of this section shall not apply to any such article which has been approved by regulations nor to books, documents and papers or other matter published in good faith for the advancement of medical or surgical science.

(3) Before any proceedings are taken under this section against any newspaper proprietor, printer or publisher for printing or publishing or allowing to be published any notice, advertisement, statement, testimonial, letter or other matter in a newspaper the Board shall notify the proprietor, printer or publisher that the publication complained of is an infringement of this Act and he shall not be liable to prosecution except in respect of an offence of the same or a similar nature after such notification.

(4) Any of the matters or things prohibited by this section may be restrained by injunction or order in an action in a County or District Court having local jurisdiction or in the Supreme Court of Ontario but such proceedings shall not prevent, delay or in any way be a bar to any prosecution or other proceedings authorized by this Act.

8. Every person who knowing or having reason to believe that he is or may be infected with venereal disease does or suffers any act which leads or is likely to lead to the infection of any other person with such disease shall incur a penalty of not less than \$100 nor more than \$500, and in default of immediate payment thereof shall be imprisoned for a period not exceeding twelve months.

9. Every person who,

- (a) Contravenes any provision of this Act or of the Regulations for which no other penalty is provided by this Act—
- (b) Wilfully neglects or disobeys any order or direction lawfully given by a medical officer of health or by the Board or a local board under this Act or the Regulations,
- (c) Hinders, delays or obstructs any officer in the performance of his duties under this Act, or

- (d) Without lawful authority publishes or discloses any proceedings taken under this Act or the Regulations, shall, where no other penalty or proceedings are prescribed or authorized incur a penalty of not less than \$25 nor more than \$100, and in default of immediate payment shall be imprisoned for a period not exceeding three months.

10.—(1) Every person who, publicly or privately, verbally or in writing, directly or indirectly, states or intimates that any other person has been notified or examined or otherwise dealt with under the provisions of this Act, whether such statement or intimation is or is not true, in addition to any other penalty or liability, shall incur a penalty of \$200, and in default of immediate payment shall be imprisoned for a period of not more than three months.

(2) Subsection 1 shall not apply to disclosures made in good faith to a medical officer of health for his information in carrying out the provisions of this Act, nor to any communication or disclosures made to a legally qualified medical practitioner or in the course of consultation for treatment for venereal disease nor to any communication authorized or required to be made by this Act or the Regulations.

11. *The Ontario Summary Convictions Act* shall apply to prosecutions under this Act, or the Regulations but all proceedings for the recovery of penalties under this Act except those authorized by section 7 shall be conducted in camera and no report of such proceedings shall be published in any newspaper.

12. Every person employed in the administration of this Act shall preserve secrecy with regard to all matters which may come to his knowledge in the course of such employment, and shall not communicate any such matter to any other person except in the performance of his duties under this Act, and in default he shall in addition to any other penalty, forfeit his office or be dismissed from his employment.

13.—(1) The Board, subject to the approval of the Lieutenant-Governor in Council may make Regulations:—

- (a) Prescribing the forms of notices and certificates to be given or issued under this Act;
- (b) Declaring what shall be deemed to be lawful and proper methods and remedies for the treatment, alleviation and cure of venereal disease, and requiring all advertisements, statements, testimonials, letters or other matters of or regarding such methods and remedies to state the date and number of the official approval of the same and such other information as may be deemed desirable.
- (c) Prescribing the course of conduct to be pursued by any person infected with venereal disease in order to effect a cure and to prevent the infection of other persons;
- (d) For distributing to medical practitioners and hospitals such information as to the treatment, diet, and care of persons suffering from venereal disease, and may require medical practitioners and hospitals to distribute the same to such persons.

- (e) Prescribing rules for the treatment of such persons in hospitals, places of detention and other institutions;
- (f) For preventing the spread of infection from persons suffering from venereal disease;
- (g) Requiring medical practitioners, hospital superintendents and heads of places of detention and public institutions to make reports upon the cases of venereal disease coming under their treatment or care but, except where it is otherwise provided in this Act, without disclosing the name or address of any person suffering from venereal disease, and prescribing the form of such reports;
- (h) Providing for the putting up of notices and placards dealing with venereal disease, its cause, manifestation, treatment and cure, in all public urinals and conveniences and similar places;
- (i) Providing for public advertising and placarding of such information relative to the treatment and care of venereal disease and the places where proper remedies can be obtained as may seem desirable;
- (j) Imposing penalties for the violation of any provision of this Act or anything covered by this Act or any Regulation;
- (k) Generally for the better carrying out of the provisions of this Act and for the prevention, treatment and cure of venereal disease;
- (l) Prescribing the procedure to be adopted and the evidence to be required in case of an appeal to the Board from any action or decision of a medical officer of health under this Act;
- (m) Providing for the procedure relative to detention for the purpose of examination or cure or the prevention of infection so as not to interfere with the course of justice in case of persons under arrest or in custody previous to trial for any offence committed against the provisions of this Act or anything therein authorized or under any other Statute or the Criminal Code.
- (n) Prescribing the method and extent of the examination of any person with a view to ascertaining whether or not such person is infected with venereal disease.

(2) The Board with the approval of the Lieutenant-Governor in Council may out of any moneys appropriated by the Legislature for the purposes of the Board, provide for the manufacture and free distribution to local boards and to medical practitioners and hospitals of any drug, medicine, appliance or instruments which the Board may deem useful or necessary for the alleviation, treatment or cure of venereal disease or the prevention of infection therefrom.

14.—(1) The treasurer of the municipality shall forthwith, upon demand, pay the amount of any account for services performed therein under the direction of the local board and for materials and supplies furnished, or for any expenditure

incurred by the local board or by the medical officer of health in carrying out the provisions of this Act or the Regulations, after the local board has by resolution approved of the account and a copy of the resolution certified by the chairman and secretary has been filed in the office of the treasurer.

(2) The corporation of the municipality shall be entitled to recover the amount expended in providing such medical attendance, medicine, nurses and other assistance and necessities for any person having any venereal disease from such person but not the expenditure incurred in providing a separate house or in otherwise isolating him except where such isolation is provided in an hospital or other place designated as such under this Act.

15.—(1) Every person who deems himself aggrieved by any action or decision of a medical officer of health under this Act may appeal therefrom to the Board by giving notice in writing to the Board and to the medical officer of health.

(2) The Board may require the appellant to furnish such information and evidence and to submit to such examination as may be prescribed or as the Board may deem necessary to determine the matter in dispute.

(3) The decision of the Board shall be final.

16. This Act shall come into force and take effect on the 1st day of July, A.D. 1918.

